PART B - FEE(S) TRANSMITTAL

· (this forms together w		or	Mail Ma Coo P.O Ale <u>Fax</u> (57). Box 1450 xandria, Virg 1)-273-2885	rinia 22313-1450	
INSTRUCTIONS: This for appropriate. All further continuous indicated unless corrected maintenance fee notification	m should be used for tran respondence including the closed circulation of the con- sister of the con-	nsmitting the ISSU Patent, advance of in Block I, by (a	JE FEE and I rders and notif a) specifying a	PUBLICATI fication of n new corres	ON FEE (if requaintenance fees pondence address	nired). Blocks 1 through 5 will be mailed to the curren a and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 37141 7590 06/05/2006 FORTKORT GRETHER & KELTON LLP 9442 N. Capital of Texas Hwy.				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Arboretum Plaza One, Suite 500 AUSTIN, TX 78759				trans	2	<u> </u>	date indicated below. (Depositor's name)
08/15/2006 RMEBRAH1 00000024 10790516				-	Reina R.	(Signature)	
L FC:1501 1400.00 OP 2 FC:1504 300.00 OP			augus		august	10, 2006	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED		INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: CONTROL SYSTEM	METHOD AND APPARA	TUS FOR A HIG			TATION FEE	MIC RANGE BASEBAND	DATE DUE
nonprovisional	NO NO	\$1400			\$300	\$1700	09/05/2006
· ·	EXAMINER		ART UNIT		SUBCLASS	זייים	07/03/2000
	LE, LANA N		2618		-127000	J	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address in indication (or "Fee Address" Indication form PTO/SB/17; kev 03-02 or more recent) attached. Use of a Customer Number is required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. Change of correspondence address (or Change of Correspondence or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. Change of correspondence address (or Change of Correspondence or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. Change of correspondence address (or Change of Correspondence or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. Change of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. Change of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. Change of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. Change of a single firm (having as a member a registered attorney or agent) and the names of up to 2 the print of a single firm (having as a member a registered attorney or agent) and the names of up to 2 the print of a single firm (having as a member a registered attorney or agent) and the names of up to 2 the print of a single firm (having as a member a registered attorney or agent) and the names of up to 2 the print of a single firm (having as a member a registered attorney or agent) and the names of up to							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
5. Change in Entity Status	(from status indicated above MALL ENTITY status. See	•	Dh Annline		or eleimine SMA	LL ENTITY status. See 37 C	ED 1 27(a)(2)
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco					ply any previous e applicant; a reg	ly paid issue fee to the applications istered attorney or agent; or t	ation identified above. he assignee or other party in
Authorized Signature Typed or printed name Date 10 August 2006 Registration No. 38, 454							
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduct	1430.					the public which is to file (an minutes to complete, includio omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	